

Report of Death of an American Citizen Abroad

The consular “Report of Death of an American Citizen Abroad” is a report that provides the essential facts concerning the death of a U.S. citizen and is based on the Venezuelan death certificate. It can generally be used in U.S. courts to help settle estate matters.

To enable the Embassy to prepare this document, next of kin or legal representatives should complete the “Request For Information for Preparation Of Foreign Service Report of Death” and forward it to the Special Consular Services Unit along with the deceased’s U.S. passport and the Venezuelan death certificate. The passport will be canceled and returned with the death certificate and 20 copies of the Report of Death.

It usually takes about two weeks to complete the necessary paperwork and mail the documents to the next of kin.

If you have any questions regarding this procedure then please contact the Embassy on 58-212-907-8365.

Please send the completed form via email to acsvenezuela@state.gov or fax it to [58] 212-907-8199.

EMBASSY OF THE UNITED STATES OF AMERICA

AMERICAN CITIZEN SERVICES
Caracas, Venezuela

REQUEST FOR INFORMATION FOR PREPARATION OF FOREIGN SERVICE REPORT OF DEATH

Please provide the following information about the deceased and return the form to the American Citizen Services together with the death certificate and the deceased's U.S. passport or naturalization certificate, or other proof of American citizenship. Please write clearly.

PERSONAL DATA

1- FULL NAME: _____

2- SOCIAL SECURITY NUMBER: _____

3- DATE & PLACE OF BIRTH (City,
State,Country): _____

4- DATE OF DEATH: _____

5- PLACE OF DEATH (Address or Hospital / hotel , City,
Country) _____

6- CAUSE/CIRCUMSTANCES OF DEATH:

**7- WAS VENEZUELAN DEATH CERTIFICATE OBTAINED? YES _____ NO _____ IF
OBTAINED PLEASE ENCLOSE A COPY**

8- AUTOPSY PERFORMED OR TO BEPERFORMED: _____

9- LAST U.S. ADDRESS: _____

10- LAST VENEZUELAN ADDRESS: _____

11- NEXT OF KIN: name: _____ **relationship:** _____

Address: _____

12- WAS DECEASED A VETERAN? YES _____ NO _____ VA NUMBER _____

13- WAS DECEASED RECEIVING SOCIAL SECURITY BENEFITS? _____

14- TRAVELING OR RESIDING WITH RELATIVES OR FRIENDS AS FOLLOWS:

Name: _____ **relationship:** _____

Address: _____

Telephone No. _____ **EMAIL address:** _____

15- FUNERAL ARRANGEMENTS:

BURIAL: name & address of cemetery: _____

Grave number: _____

Date of burial: _____

16- CREMATION: name & address of crematorium: _____

When & where ashes scattered, interred or held: _____

Date of cremation: _____

17- EFFECTS (property of the deceased):

DISPOSITION OF THE EFFECTS: _____

PERSON OR OFFICIAL RESPONSIBLE FOR CUSTODY & ACCOUNTING OF EFFECTS:

Name: _____

Address: _____

18- COPY OF THIS REPORT SHOULD BE SENT TO:

- **NAME:** _____ **relationship:** _____

ADDRESS: _____

Telephone No. _____ Email address: _____

- NAME: _____ relationship: _____

ADDRESS: _____

Telephone No. _____ Email address: _____

- NAME: _____ relationship: _____

ADDRESS: _____

Telephone No. _____ Email address: _____

If the deceased received regular payments from any of the following, please give the claim number and the amount received:

Social Security: _____

Veterans Administration: _____

Civil Service: _____

Railroad Board: _____

19- THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____

Name (printed) _____

Relationship to deceased: _____

Address: _____

Tel No: _____

Email address: _____

Date:_____